Mrs M Holliday-Welch

Grosvenor Lodge

Inspection report

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Date of inspection visit: 21 December 2015
Date of publication: 09/03/2016

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on the 21 December 2015. Grosvenor Lodge was last inspected on 4 June 2014 and no concerns were identified. Grosvenor Lodge is located in Hove. It provides accommodation with personal care and support for up to 31 older people, some of whom were living with varying stages of dementia, along with healthcare needs such as diabetes and sensory impairment. Accommodation was arranged over three floors. On the day of our inspection, there were 28 people living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "I feel safe living here". When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place.

Summary of findings

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, including diabetes management and the care of people with dementia. Staff had received both one-to-one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place. One member of staff told us, “If the manager thinks it will help us, the training will be there”.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. One person told us, “They give us two options, but if we don’t like either of those, we can ask for something else”. Special dietary requirements were met, and people’s weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People chose how to spend their day and they took part in activities in the service and the community. People told us they enjoyed the activities, which included singing, exercises, films, arts and crafts and themed events, such as reminiscence sessions. One person told us, “They do activities. We’ve been making things like decorations. They do sing songs and we’ve been singing Christmas carols. I’ve made friends here”. People were also encouraged to stay in touch with their families and receive visitors.

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. One person told us, “The staff are very kind”. Care plans described people’s needs and preferences and they were encouraged to be as independent as possible.

People were encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an ‘open door’ management approach, where managers were always available to discuss suggestions and address problems or concerns. The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care. People told us they felt safe. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

Is the service effective?

Good

The service was effective.

Staff had a good understanding of peoples care and mental health needs. Staff had received essential training on the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and demonstrated a sound understanding of the legal requirements.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Staff received training which was appropriate to their role and responsibilities. This was continually updated, so staff had the knowledge to effectively meet people's needs. They also had formal systems of personal development, such as supervision meetings.

Is the service caring?

Good

The service was caring.

People felt well cared for, their privacy was respected, and they were treated with dignity and respect by kind and friendly staff.

They were encouraged to increase their independence and to make decisions about their care.

Staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in a range of recreational activities both in the service and the community. These were organised in line with peoples' preferences. Relationships with family members and friends continued to play an important role in people's lives.

People and their relatives were asked for their views about the service through questionnaires and surveys. Comments and compliments were monitored and people were aware of how to make a complaint.

Summary of findings

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

Is the service well-led?

Good

The service was well-led.

People commented that they felt the service was managed well and that the management was approachable and listened to their views.

Quality assurance was measured and monitored to help improve standards of service delivery. Systems were in place to ensure accidents and incidents were reported and acted upon.

Staff felt supported by management and they were supported and listened to. They understood what was expected of them.

Grosvenor Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 21 December 2015. This visit was unannounced, which meant the provider and staff did not know we were coming.

Three inspectors undertook this inspection. Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We observed care in the communal areas and over the three floors of the service. We spoke with people and staff, and observed how people were supported during their lunch. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including five people's care records, five staff files and other records relating to the management of the service, such as policies and procedures, accident/ incident recording and audit documentation.

During our inspection, we spoke with eight people living at the service, two relatives, five care staff, the registered manager and the cook.

Good

Is the service safe?

Our findings

People said they felt safe and staff made them feel comfortable. One person told us, "I feel very very safe here – I do". Another person told us, "I feel safe, it's very nice here". Everybody we spoke with said that they had no concern around safety.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place. One member of staff told us, "I would let my manager know if I suspected abuse. I'd also go outside the home to the CQC".

There were systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. We also saw safe care practices taking place, such as staff supporting people to mobilise around the service.

We spoke with staff and the registered manager about the need to balance minimising risk for people and ensuring they were enabled to try new experiences. The registered manager said, "Risk assessments are reviewed every three months, or as and when required. The home is a big environment with lots of stairs and big communal areas, and people can go where they like. We have three people who smoke and we risk asses to allow them to access the garden when they want". A member of staff added, "We need to keep people safe, but if someone can do something for themselves, we let them, providing it's not harming them".

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. The registered manager told us, "We have enough staff and we manage well. If we need more we can also access staff who work in the sister home in the group". The registered manager gave us an example of how they had introduced extra staff into the service in order to take people to hospital visits. We were told agency staff were rarely used and existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave. Feedback from people and staff indicated they felt the service had enough staff and our own observations supported this. One person told us, "Yes, yes, there are enough staff". Another added, "Yes, enough staff. I ring my bell if I want them". A member of staff said, "There are enough staff to give good care".

In respect to staffing levels and recruitment, the registered manager added, "We recruit as and when we need to. We look at their experience, look at their knowledge and asses their nature and how they will get along here. We have a very stable and longstanding staff team". Documentation in staff files supported this, and helped demonstrate that staff had the right level of skill, experience and knowledge to meet people's individual needs.

Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

We looked at the management of medicines. Senior care staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

We observed a member of staff administering medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and

Good

Is the service safe?

respectful way and stayed with them until they had taken them safely. Nobody we spoke with expressed any concerns around their medicines. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Good

Is the service effective?

Our findings

People told us they received effective care and their individual needs were met. One person told us, "The staff are lovely, they know what I want". Another person said, "It's quite nice here, everyone is very friendly. I don't get lonely". A further person added, "The staff are very supportive to me".

Staff had received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised. They also received training specific to peoples' needs, for example around diabetes and the care of people with dementia. A relative told us, "The staff look after [my relative] very well. People are getting good care here". The registered manager told us, "Staff have a 13 week trial period and receive mandatory training and any other training that is relevant. New staff are now being put on to the Care Certificate". The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The registered manager added, "There has also been specific training around diabetes and dementia". Staff told us that training was encouraged and was of good quality. Staff also told us they were able to complete further training specific to the needs of their role, such as National Vocational Training (NVQ). One member of staff told us, "There is a lot of training on offer here". Another added, "If the manager thinks it will help us, the training will be there".

Staff received support and professional development to assist them to develop in their roles. Feedback from staff and the registered manager confirmed that formal systems of staff development including one to one and group supervision meetings and annual appraisals were in place. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have. One member of staff told us, "I can say what I want during supervision and the manager listens". Another added, "I know I can speak to the manager at any time, but supervisions are good".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff told us they explained the person's care to them and gained consent before carrying out care. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. The registered manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty, and we saw appropriate paperwork that supported this.

People had an initial nutritional assessment completed on admission, and their dietary needs and preferences were recorded. This was to obtain information around any special diets that may be required, and to establish preferences around food. There was a varied menu and people could eat at their preferred times and were offered alternative food choices depending on their preference. Everybody we asked was aware of the menu choices available.

We observed lunch. It was relaxed and people were considerately supported to move to the dining areas or could choose to eat in their bedroom. People were encouraged to be independent throughout the meal and staff were available if people required support or wanted extra food or drinks. A member of staff asked a person if they would like peas with their lunch. They replied that they did not like peas, but as it was Christmas they would have one pea on their plate. This caused much laughter and enjoyment for them and the other people at the table. People ate at their own pace and some stayed at the tables and talked with others, enjoying the company and conversation. All the time staff were checking that people liked their food and offered alternatives if they wished. For example, one person stated they did not want the lunch they'd ordered and asked for a sandwich instead, which was made for them.

Good

Is the service effective?

People were complimentary about the meals served. One person told us, “The food is very good, I like the meat”. Another said, “Oh yes, the food is very nice”. A further person added, “The food is very nice, I think we’ll have a roast today”. We saw people were offered drinks and snacks throughout the day, they could have a drink at any time and staff always made them a drink on request.

People’s weight was regularly monitored, with their permission. Some people were provided with a specialist diet to support them to manage health conditions, such as diabetes. We saw that details of people’s special dietary requirements, allergies and food preferences were recorded to ensure that the cook was fully aware of people’s needs and choices when preparing meals.

Care records demonstrated that when there had been a need identified, referrals had been made to appropriate health professionals. For example, one person’s care plan showed they had recently lost weight. We noted the person’s GP had had been informed and a referral for an assessment by a community dietician had been made. As a result of recommendations made, this person’s diet had been altered and they had regained weight.

Staff confirmed they would recognise if somebody’s health had deteriorated and would raise any concerns with the appropriate professionals. They were knowledgeable about people’s health care needs and were able to describe signs which could indicate a change in their well-being. We saw that if people needed to visit a health professional, such as a GP or an optician, then a member of staff would support them. One person told us, “They get the GP if I feel unwell”.

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "The carers are very nice". Another person told us, "Everyone is very kind. See that carer there? She looks very kind, she has a kind face. She is a very nice lady".

Interactions between people and staff were positive and respectful. There was sociable conversation taking place and staff spoke to people in a friendly and respectful manner, responding promptly to any requests for assistance. We observed staff being caring, attentive and responsive and saw positive interactions with good eye contact and appropriate communication. Staff appeared to enjoy delivering care to people. A relative told us, "[My relative] has a good relationship with the staff, it's really lovely here".

Staff demonstrated a strong commitment to providing compassionate care. From talking with staff, it was clear that they knew people well and had a good understanding of how best to support them. We spoke with staff who gave us examples of people's individual personalities and character traits. They were able to talk about the people they cared for, what time they liked to get up, whether they liked to join in activities and their preferences in respect of food. Most staff also knew about peoples' families and some of their interests.

People looked comfortable and they were supported to maintain their personal and physical appearance. For example, people were well dressed and wore jewellery. We saw that staff were respectful when talking with people, calling them by their preferred names. Staff were seen to be upholding people's dignity, and we observed them speaking discreetly with people about their care needs, knocking on people's doors and waiting before entering. One person told us, "They respect my dignity". A member of staff told us, "We always knock before we go into anyone's room".

The registered manager and staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. People told us they that they were free to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed and how and where to spend their day. One person told us, "I get up and go to bed when I want". Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One member of staff told us, "We always ask people what they want to be called, and we let people make their own decisions if they can". The registered manager added, "We get to know people and what they want to do. We have one person who used to get agitated at bed time. We found out from their family that they used to stay up late, due to caring for a relative. This person now goes to bed later and they are not agitated".

Staff supported people and encouraged them, where they were able, to be as independent as possible. The registered manager told us, "We get to know people and encourage them to do as much as they can, and do the things they have always done. It's about getting to know their patterns and what they have done for years and years". We saw examples of people assisting to lay the table, and care staff informed us that they always encouraged people to carry out personal care tasks for themselves, such as brushing their teeth and hair.

Visitors were welcomed. The registered manager told us, "Family can come and visit at any time, including coming for meals. There are no restrictions". A visiting relative told us, "I'll be spending Christmas Day with [my relative]. I'll be having Christmas dinner here".

Good

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. One person told us, "I'm very happy here, I'm always having a laugh". A relative said, "I would go to the manager if I had any concerns".

There was regular involvement in activities and the service employed a specific activity co-ordinator. Keeping occupied and stimulated can improve the quality of life for a person, including those living with dementia. We saw a varied range of activities on offer, which included singing, exercises, films, arts and crafts and themed events, such as reminiscence sessions. On the day of the inspection, we saw activities taking place for people. We saw people engaged in a carol concert. There was a lot of laughter and people appeared to enjoy the stimulation. One person told us, "There are activities like exercises and quizzes. I like to just watch". A relative said, "[My relative] joins in with the activities. It's good to know there are activities going on. A local school has come in and sung for the residents".

The service ensured that people who remained in their rooms and may be at risk of social isolation were included in activities and received social interaction. We saw that staff and the activity co-ordinator set aside time to sit with people on a one to one basis. The service also supported people to maintain their hobbies and interests, for example one person was a fan of darts and had a dart board in their room. Another person had previously been a football manager and had been supported to watch a football match at a local stadium.

We saw that people's needs were assessed and plans of care were developed to meet those needs, in a structured and consistent manner. People confirmed they were involved in the formation of the initial care plans and were subsequently asked if they would like to be involved in any care plan reviews. Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care. One member of staff said, "We let people live their own lives". Another added, "We give the care that's specific for that person, we fit around them".

Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required to meet those needs. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. The registered manager told us that staff ensured that they read peoples care plans in order to know more about them. We spoke with staff who confirmed this was the case and gave us examples of people's individual personalities and character traits that were reflected in peoples care plans.

People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed by the manager. One person told us, "I'd speak to the manager, she's very nice". There were no current formal complaints, however staff told us they would support people to complain. The procedure for raising and investigating complaints was available for people.

There were systems and processes in place to consult with people, relatives, staff and healthcare professionals. A relative told us, "They keep me up to date with everything". A suggestions box was available for people and regular meetings and satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was on the whole positive, and following suggestions from residents at a meeting, changes were made to the menu on offer and also for pets to be brought into the service.

Good

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the registered manager and felt the service was well-led. Staff commented they felt supported and could approach the registered manager with any concerns or questions. One person told us, "I like the manager, she talks to me to make sure that I am happy". Another relative said, "I think the registered manager is brilliant". A further person added, "It's lovely here. I'd recommend the home to anyone".

People were actively involved in developing the service. We were told that people gave feedback about staff and the service, and that residents' meetings also took place. We saw that people had been involved in choosing new bedding, decorations and paint / colour schemes for their rooms. Their preferences and choices of colours had been respected and an interior designer was liaising with people and overseeing the room renovations.

We discussed the culture and ethos of the service with the registered manager and staff. They told us, "It really feels like a home here. The staff are approachable and everyone is listened to. We have a good rapport with the residents and their families". A member of staff said, "I think it's a good place to live. We are a close knit team and I think we provide good care". In respect to staff, the registered manager added, "We have a stable workforce who have been here a long time. There is good morale". Staff said they felt well supported within their roles and described an 'open door' management approach. One said, "I think it's [the service] well led". Another said, "The manager is brilliant".

Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with management. The registered manager told us, "Staff can approach me. We talk all the time at handover meetings, they are encouraged to raise ideas". They added, "Staff know all about their accountabilities, it's drummed into them to report and log everything". A member of staff said, "Everybody knows what is expected of them, and the fact that staff have been here for years says a lot".

Management was visible within the service and the registered manager took a hands on approach. The registered manager told us, "My management style is hands-on and approachable. I have an understanding of what is going on in day to day practice". The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. Staff commented that they all worked together and approached concerns as a team. One member of staff said, "I think it's very caring here. Everybody gets on really well and that makes the place feel like home".

Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed. For example, after one incident, changes were made to a person's care plan and discussion took place with the Local Authority in order to determine the correct level of care for this person. Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. We were told that whistle blowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services.

The provider undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included health and safety, medication, care planning and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

The registered manager informed us that they were supported by the provider and attended regular management meetings to discuss areas of improvement for the service, review any new legislation and to discuss good practice guidelines within the sector. Up to date sector specific information was also made available for staff, including guidance around moving and handling techniques and updates on available training from the Local Authority. We saw that the service also liaised regularly with the Local Authority, the Dementia In-Reach Service and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery.